Name in Full: Mable Bowers Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: 1904 — Month: July — Day: 23 — Age: Years / Months / Days

Sex:

Color or Race: Black

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Lambert Fidgett — Father's Birthplace: Berlin

Mother's Maiden Name: Mable Bowers — Mother's Birthplace: Maryland

Name of person giving information: Howard Taylor — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tremoline Cerebri. — How long: 9 Days

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Elw Holland M D

Address: Berlin

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Maria Brittingham

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke city — County: Worcester

Date of death: Month: July — Day: 30 — 1904

Age: Years: 70 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Worcester Co

Occupation: Domestic — Where Residing if not at place of death: Pocomoke City

Married, Single or Widowed: Widow — Name of Wife or Husband: Dont Know

Father's Name: Robert Massey — Father's Birthplace: America

Mother's Maiden Name: Maria Roberts — Mother's Birthplace: " "

Name of person giving Information: Elvira Brittingham — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis and Asthma — How long: Several years

Immediate: exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml S Lemon

Address: Pocomoke city Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berlin [illegible] County: Worcester

Date of death: 1904 Month: July Day: 14

Age: Years — Months: 9 Days:

Sex: Male Color or Race: White Birthplace: Berlin

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: William E Coffin Father's Birthplace: Berlin

Mother's Maiden Name: Clarrie Coffin Mother's Birthplace: Pocomoke

Name of person giving information: V How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bottle Feeding. How long —

Immediate: Starvation 153 How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eli Holland

Address: Berlin

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Charles Cooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Bishopsville — County: Worcester

Date of death: Month: July — Day: 29 — 1904 — Years: 55 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Weaver — Where Residing if not at place of death: At Home

Married, Single or Widowed: Married — Name of Wife or Husband: Katie Gray

Father's Name: William Cooper — Father's Birthplace: Maryland

Mother's Maiden Name: Comfort Collier — Mother's Birthplace: Maryland

Name of person giving Imformation: Elbridge Cooper — How related to deceased: Brother

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: about 7 years

Immediate: Hemiplegia — How long:

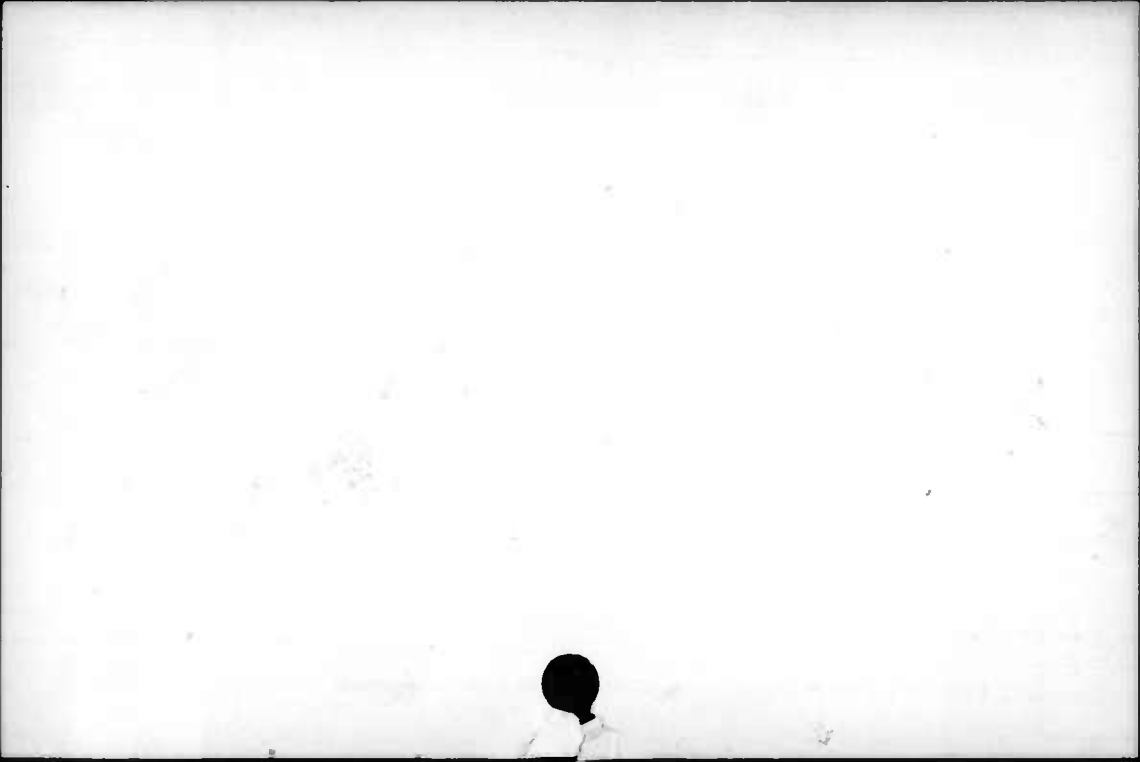
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collier

Address: Bishopville Md.

Accident or Suicide? T Bayne Bishopsville Md

LIBRARY BUREAU A89816



Name in Full: James Edward Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snow Hill — County: Worcester

Date of death 1904 — Month: 7 — Day: 18 — Age — Years: 90 — Months: 4 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer ~~Retired~~ — Where Residing if not at place of death: Snow Hill Md

~~Married~~, ~~Single~~ or Widowed — Name of Wife or ~~Husband~~: Elizabeth F. Richards Johnson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Davis — Father's Birthplace: Md

Mother's Maiden Name: Nancy Porter — Mother's Birthplace: Md

Name of person giving information: Edward P. Davis — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 10 days

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ls. P. Jones

Address: Snow Hill Md

~~Accident or Suicide~~?

LIBRARY BUREAU A83916

Name in Full: Henry Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke City — County: Worcester

Date of death 1904 — Month: July — Day: 7 — Age: Years 70 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: —

Occupation: Fireman — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Aaron Dennis — Father's Birthplace: —

Mother's Maiden Name: Don't Know — Mother's Birthplace: —

Name of person giving Imformation: Minnie Mills — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ulceration Stomach — How long: 4 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Minnie D. Dickinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke City — County: Worcester

Date of death 1904 — Month: July — Day: 3 — Age — Years: Stillborn — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Worcester

Occupation: None — Where Residing If not at place of death: Worcester Co

Married, Single or Widowed: Single — Name of Wife or Husband: Mary Watson

Father's Name: Dan'l Evans — Father's Birthplace

Mother's Maiden Name: Mary Dickinson — Mother's Birthplace: Va

Name of person giving Information: Mary E. Miles — How related to deceased

Pocomoke City —

CAUSES OF DEATH

Primary: Stillborn — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A69516

Name in Full

Certificate of Death

Lillie V Enggren

Died at Town: Ocean City County: Worcester MARYLAND

Date 190- Month: July Day: 2+ | Age Y. M. D.: 4 | Native of: Maryland | Occupation:

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number ~~of children living~~

Husband / Wife of: X

Father's Name: Chas L Enggren

Mother's Maiden Name: Gerda

Cause of Death — Primary: V 151

Immediate: Inanition

How long sick: 4 Months

~~Accident~~, Suicide, ~~Homicide~~

Reported by: J B Baggett M D.

Address: Ocean City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

W 30

Name in Full: Peter Hancock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Poomonke; County: Worcester

Date of death 190 4: Month: July; Day: 21

Age: Years: 90; Months: —; Days: —

Sex: male; Color or Race: white; Birthplace:

Occupation: Farmer; Where Residing if not at place of death: Near Pocomoke

Married, Single or Widowed: married; Name of Wife or Husband: Mrs Mary Hancock

Father's Name: Daniel Hancock; Father's Birthplace: Worcester Co

Mother's Maiden Name: Reddin; Mother's Birthplace: Worcester Co

Name of person giving Imformation: Geo W. Hancock; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entyre Tract 169; How long: do not know

Immediate: Paralysis; How long: 5 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Wilson M. D.

Address: Pocomoke

Accident or Suicide? —

LIBRARY BUREAU A68515

Name in Full: Charles C. Halstein

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gaddistown; County: Worcester

Date of death 1904: Month: July; Day: 31

Age: Years: —; Months: 2; Days: 16

Sex: Male; Color or Race: White; Birthplace: Gaddistown Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Halstein; Father's Birthplace: Md.

Mother's Maiden Name: Lilly Parr; Mother's Birthplace: Md

Name of person giving Information: Charles Halstein; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis; How long: 4 Weeks

Immediate: Convulsions; How long: Two Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Bunnum M.D.

Address: Gaddistown Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Rendus Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bulls — County: Wor.

Date of death: Month: 7 — Day: 16 — Years: 6 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Jones — Father's Birthplace: Md.

Mother's Maiden Name: Josephine Purnell — Mother's Birthplace: Md.

Name of person giving information: Edward Purnell — How related to deceased: none

CAUSES OF DEATH

Primary: — How long: —

Immediate: 179 — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: no Doctor

Address: Bulls Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: J. Poolston Maynes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke City County: Worcester

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month: July Day: 22 Years: — Months: 8 Days: 11

Sex: Male Color or Race: White Birthplace: Virginia

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jennings M. Maynes Father's Birthplace: Virginia

Mother's Maiden Name: Cassie E. Lambson Mother's Birthplace: Pocomoke City

Name of person giving Imformation: Jennings M. Maynes How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pleuro Colitis & Bronchitis How long: 7 days

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A8S816

Name in Full

Certificate of Death

Sally Merritt

Died at Town: Ocean City County: Worcester MARYLAND

Date 19 0f: Month July Day 21 Age: Y. about M. 73 D. Native of: Maryland Occupation: House Wife

~~Male~~ / Female White / ~~Colored~~ ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of

Wife

Father's Name: Milby Griffin Mother's Maiden Name:

Cause of Death: Primary

Immediate: Apoplexy How long sick: about 8 years

Accident, Suicide, Homicide

Reported by J. B. Baggett M.D.

Address Ocean City - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah E. Trumford (Trimmer)

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Ely Grange — Town: — County: Worcester

Date of death: Month July, Day 20, 1904 — Age: Years 46, Months 1, Days 15

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: William H. Trumford

Father's Name: James J. Mariner — Father's Birthplace: Md

Mother's Maiden Name: Mahay Ann Mariner — Mother's Birthplace: Md

Name of person giving information: L J. Mariner — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: About 8 months

Immediate: Exhaustion — How long: at once

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Bennum M.D.

Address: Giddletown, Md.

Accident or Suicide? —

LIBRARY BUREAU A888816

Name in Full: Nancy Pitts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: Month: July — Day: 22 — Year: 1904 — Age: 65 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Annie Pitts

Father's Name: Rabyd Selby — Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Selby — Mother's Birthplace: Maryland

Name of person giving information: Annie J Pitts — How related: deceased husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of Brain — How long: 2 years

Immediate: Paralysis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edw Holland

Address: Berlin

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mella Purnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown — County: Worcester

Date of death: Month: 7 — Day: 5 — 190 4

Age: Years: 80 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing If not at place of death: —

~~Married, Single~~ or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Let Purnell — Father's Birthplace: maryland

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: William E Henry — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Volvular disease of heart — How long: —

Immediate: Dropsy, due to the above — How long: about 2 years

Are the name, age, sex, color, date and place correctly given above? /

Signature of Physician: S. H. Holland M.D.

Address: Berlin Md

~~Accident or Suicide?~~

LIBRARY BUREAU A668B16

Name in Full: James H. Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mar Snowhill | County: Worcester

Date of death 1907: Month: July | Day: 6. | Years: 70 | Months: — | Days: —

Sex: Male | Color or Race: Colored | Birthplace: Worcester

Occupation: | Where Residing if not at place of death: Worcester

Married, Single or Widowed: Married | Name of Wife or Husband: —

Father's Name: James Richardson | Father's Birthplace: Worcester

Mother's Maiden Name: Minnie E. Richardson | Mother's Birthplace: Worcester

Name of person giving Information: Amanda Thomas. | How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: infer malaria | How long: 3 Years

Immediate: + Stomach trouble | How long: 2 week 3 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J.B. Dyott

Address: Snowhill Maryland.

Accident or Suicide? Worcester County

LIBRARY BUREAU A88316

Name in Full: John Selby Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylorville — County: Worcester

Date of death: 1904 — Month: 7 — Day: 3 — Age: Years: 2 — Months: — Days:

Sex: Male. — Color or Race: White — Birthplace: Taylorville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: James Rogers — Father's Birthplace: Somerset Co

Mother's Maiden Name: Louisa Kate Lynch — Mother's Birthplace: Taylorville

Name of person giving Imformation: Thos Jarvis — How related to deceased: Great Uncle (uncle)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething & Cold weather — How long:

Immediate: Dysentery. — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sana Stugis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mar Pocomoke — County: Worcester.

Date of death: 1904 — Month: July — Day: 11 — Age: Years 30 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Mayland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Maried — Name of Husband: Ellick Stugis

Father's Name: Eduard Mydelette — Father's Birthplace: Mayland.

Mother's Maiden Name: Do not know — Mother's Birthplace: Mayland.

Name of person giving Imformation: Ellick Stugis — How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis — How long: 5 months

Immediate: Exhaustion — How long: 24 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, colcr. cate and place correctly given above? Ys.

Signature of Physician: J. M. Wilson, M. D.

Address: Pocomoke City

Accident or Suicide? —

LIBRARY BUREAU A8901S

Name in Full Charlotte Townsend

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Newark — County: Worcester

Date of death: Month: July — Day: 17 — 1904 — Age: Years: 73 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: House wife — Where Residing if not at place of death: Newark

Married, Single or Widowed — Name of ~~Wife or Husband~~: Lewis Townsend

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

V 36

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Confinement { a large cyst in tumor / obstructing uterus — How long: 24 hrs

Immediate: Shock following Craniotomy — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin Md

~~Accident or Suicide?~~

LIBRARY BUREAU A68816

Name in Full: Margaret Truitt.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bush Hill County: Forestlee

Date of death 1904: Month: July Day: 22 Years: Age 46 Months: Days:

Sex: Female Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Married Occupation: Housewife

Name of Wife or Husband: Charles Truitt

Father's Name: Truitt Trotter Father's Birthplace: Maryland

Mother's Maiden Name: Mary Shockley Mother's Birthplace: Maryland

Name of person giving information: E. E. Truitt How related to deceased: Bro-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism Dropsy How long: 2 years

Immediate: Cardiac Dropsy How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul Jones

Address: Snow Hill. Md

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Wellbourne (County) Worcester

Date of death 1904 (Month) July (Day) 14 (Years) Age 1 (Months) 0 (Days) 0

Sex Female | Color or Race White | Birthplace Wellbourne

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name John W Turlington | Father's Birthplace Va

Mother's Maiden Name Ella D Lovard | Mother's Birthplace Va

Name of person giving In formation J W Turlington S. | How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Still Born | How long —

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J D Dickerson

Address Stockton Worcester Co Md

Accident or Suicide? ?

LIBRARY BUREAU A36619

Name in Full: My name

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pocomoke City — County: Worcester

Date of death 190 4 — Month: May — Day: 27 — Age — Years: — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Somerset Co

Occupation: Negro — Where Residing if not at place of death: — "

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Wright — Father's Birthplace: Somerset Co

Mother's Maiden Name: Annie Webb — Mother's Birthplace: Northern

Name of person giving Imformation: William Wright — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Lee Hall

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88618